

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

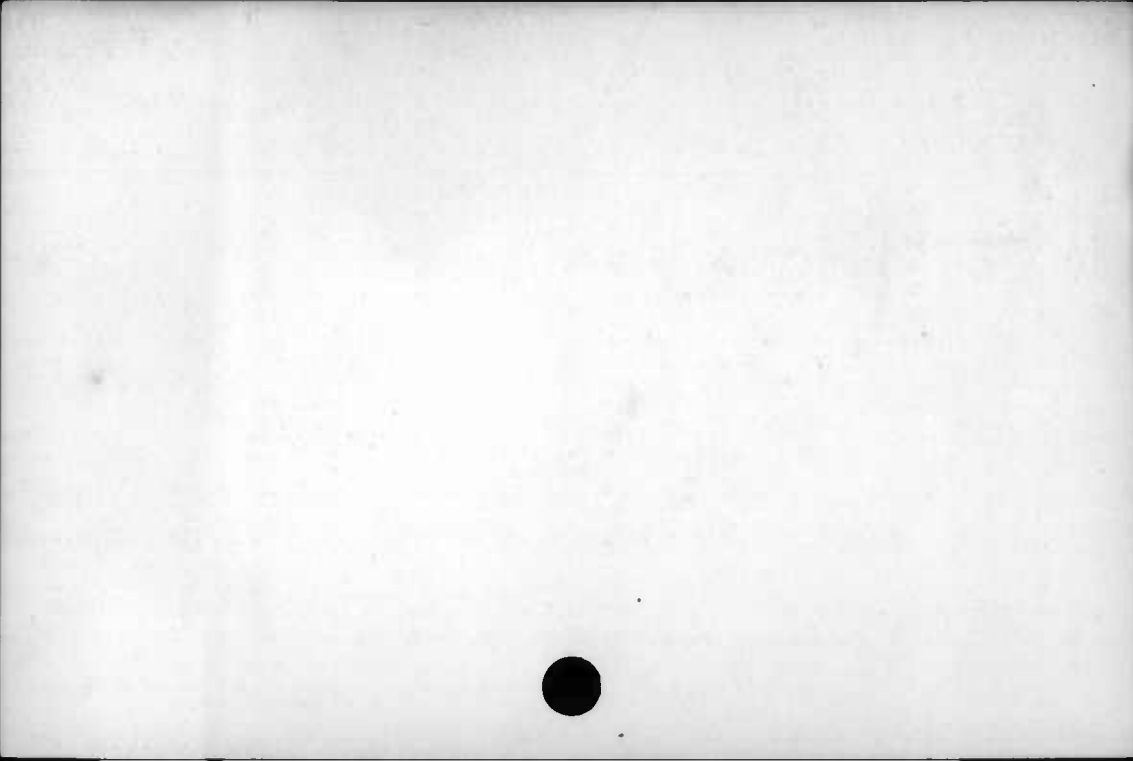
MARYLAND

Died at *Jerome Albrightain* Town *New La Plata*County *Charles*Date of death *1908* Month *May* Day *29th* Age *18* Years Months *10* Days *—*Sex *male* Color or Race *white* Birth-place *Charles Co*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *single* Name of Wife or Husband *—*Father's Name *Jno. W. Albrightain* Father's Birthplace *Charles Co*Mother's Maiden Name *Edmonia Padgett* Mother's Birthplace *Charles Co*Name of person giving information *Lemuel Albrightain* How related to deceased *brother*

CAUSES OF DEATH

50

Primary *Diabetes Mellitus (Chronic)* How long *about 3 yrs*Immediate *Heart exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Thos. S. Owen*Address *La Plata Ind*Accident or Suicide? *no*PHYSICIAN
OR CORONER



Name
in
Full

Julia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cedar Point Neck ^{Town} Chas ^{County}		MARYLAND	
Date of death 1908	Month 6	Day 25	Age 20 Years
Sex Female	Color or Race Black	Birth-place Chas Co, Md	Months _____ Days _____
Occupation None	Where Residing If not at place of death " " "		
Married, Single or Widowed Single	Name of Wife or Husband None		
Father's Name George Brown	Father's Birthplace Chas Co, Md		
Mother's Maiden Name Sarah Queen	Mother's Birthplace " " "		
Name of person giving information Reed Brown	How related to deceased Brother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Consumption	How long 3 mo
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address W. F. Browner
	Lab Reg
Accident or Suicide?	

W. F. Browner
Ink Recd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

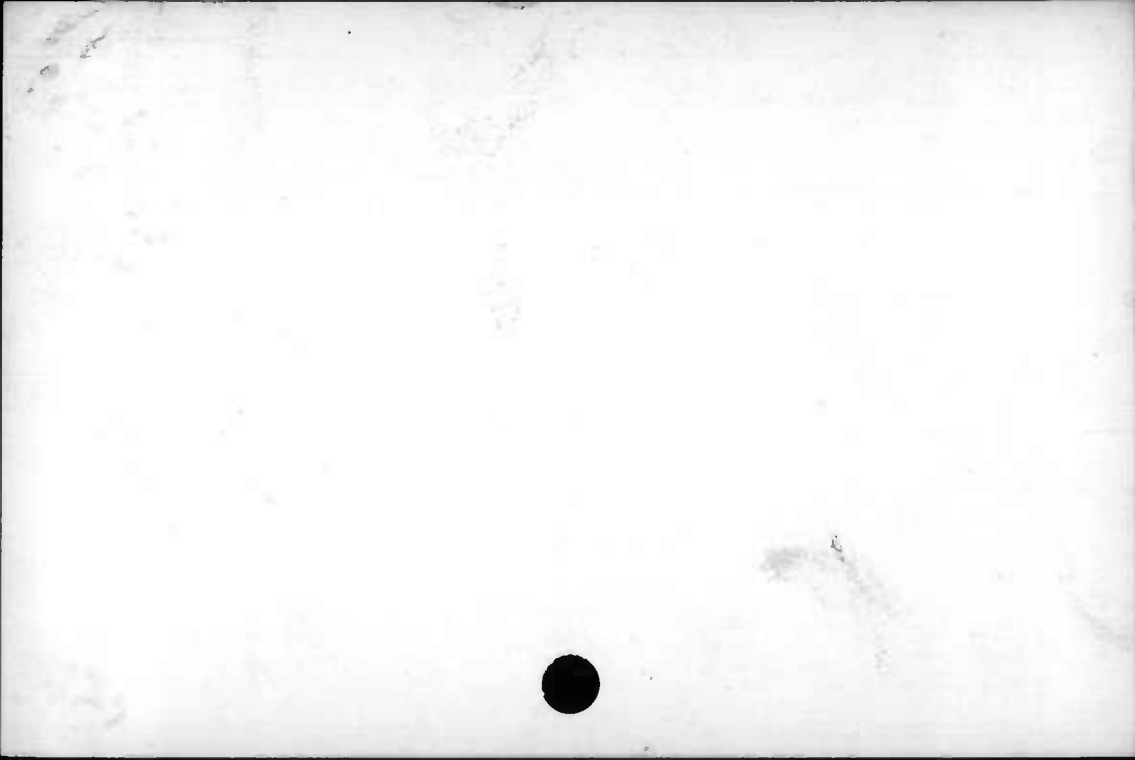
Died at <u>Bury</u> Town		County <u>Charles</u>		MARYLAND	
Date of death	1908	Month	May	Day	3
Age	3	Years	3	Months	
Sex	Male	Color or Race	Colored	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Butler			Father's Birthplace	Ind
Mother's Maiden Name	Minnie B. [unclear]			Mother's Birthplace	Ind
Name of person giving information	James Butler			How related to deceased	Brother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	Exhaustion	How long	Shortly before
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>	Signature of Physician	J. O. Sproule
		Address	Waldorf
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>River Side</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>30</i>	Age <i>4</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Peter Cunningham</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah Brown</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Pearla Dorsey</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Stomach Trouble</i>	How long <i>6</i>	<i>days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician <i>James J. Wheeler</i>		Address <i>Sub-Registrar</i>	
Accident or Suicide?		<i>—</i>	



Name in Full		Mamie Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cronside		County Charles		MARYLAND	
	Date of death	1908	Month May	Day 7	Age 20	Months	Days
	Sex	Female		Color or Race	American		
	Occupation	Housewife		Birth-place	Charles Co., Md.		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband	Thaddeus Davis		
	Father's Name	Thos. A. Davis		Father's Birthplace	Charles Co., Md.		
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary L. Adams		Mother's Birthplace	Charles Co., Md.		
	Name of person giving information	Max Clements		How related to deceased	None.		
	CAUSES OF DEATH						(81)
	Primary	Aneurysm of Abdominal Aorta; Gastric Ulcer				How long	18 mos.
Immediate	Anemia, Asthenia				How long		
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Geo. C. Bicknell, M.D.	
					Address	Pisgah Md.	
	Accident or Suicide?						



Name
in
Full

Mans Dyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

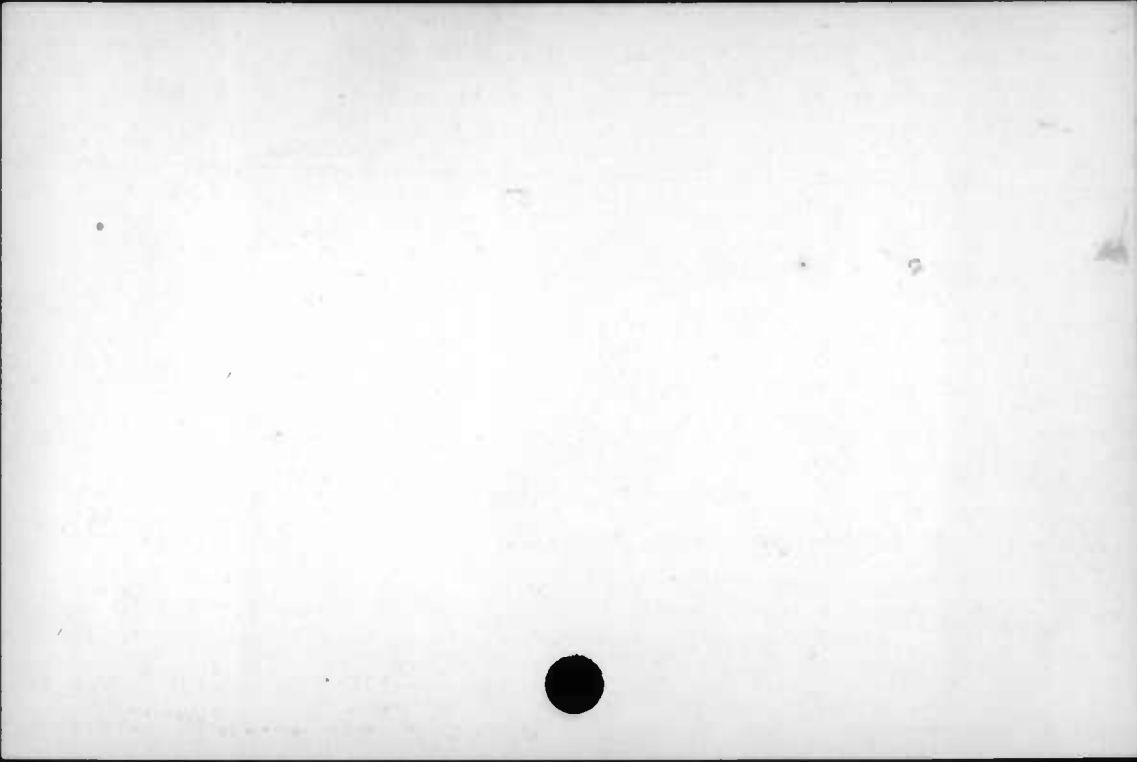
Died at <i>Gallatin</i> <small>Town</small>		<i>Lehigh</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>8</i>	Age <i>70</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Dyer</i>				
Father's Name <i>Wallis Shorter</i>	Father's Birthplace <i>Ind.</i>			Mother's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Aliza Shorter</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>John Ford</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease kidneys</i>	How long <i>John Ford</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Morrow</i>
	Address <i>Waldorf Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

William John Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

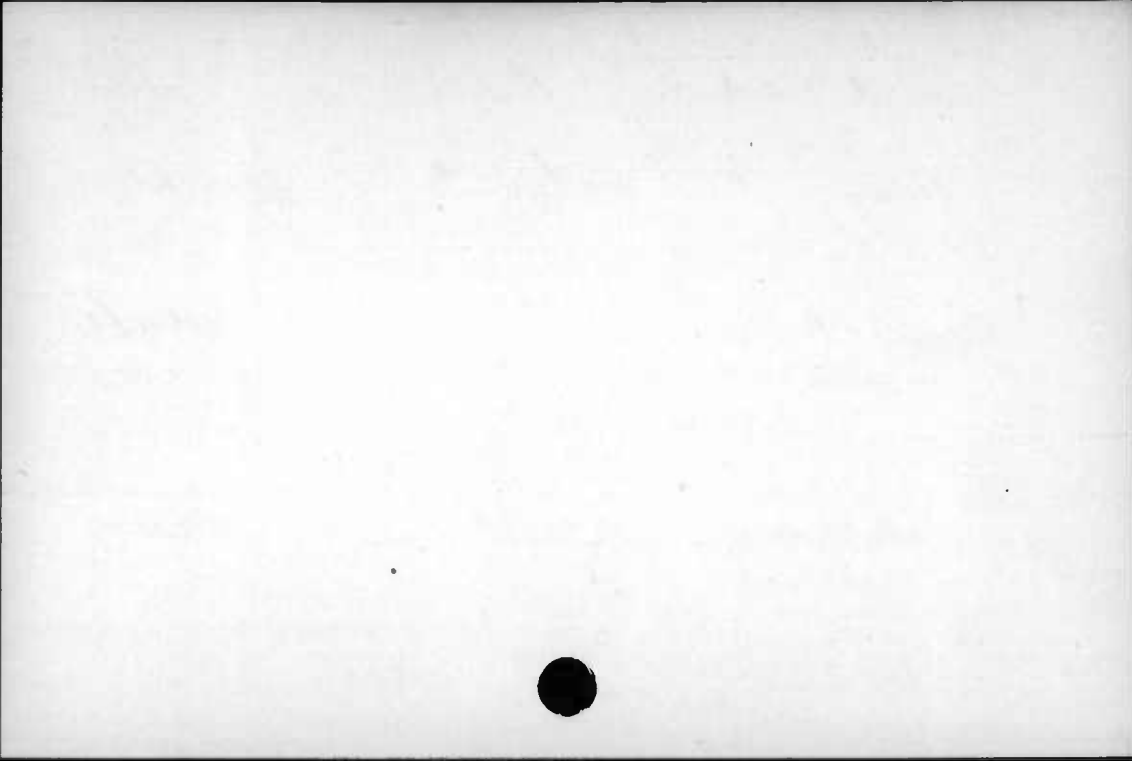
Died at <i>Bel Air</i> ^{Town}		<i>Chores</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>✓</i>	Day <i>27</i>	Age <i>1</i> Years	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Bel Air</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robert Ford</i>			Father's Birthplace <i>Bel Air</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Bel Air</i>		
Name of person giving information <i>Auntie Young</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

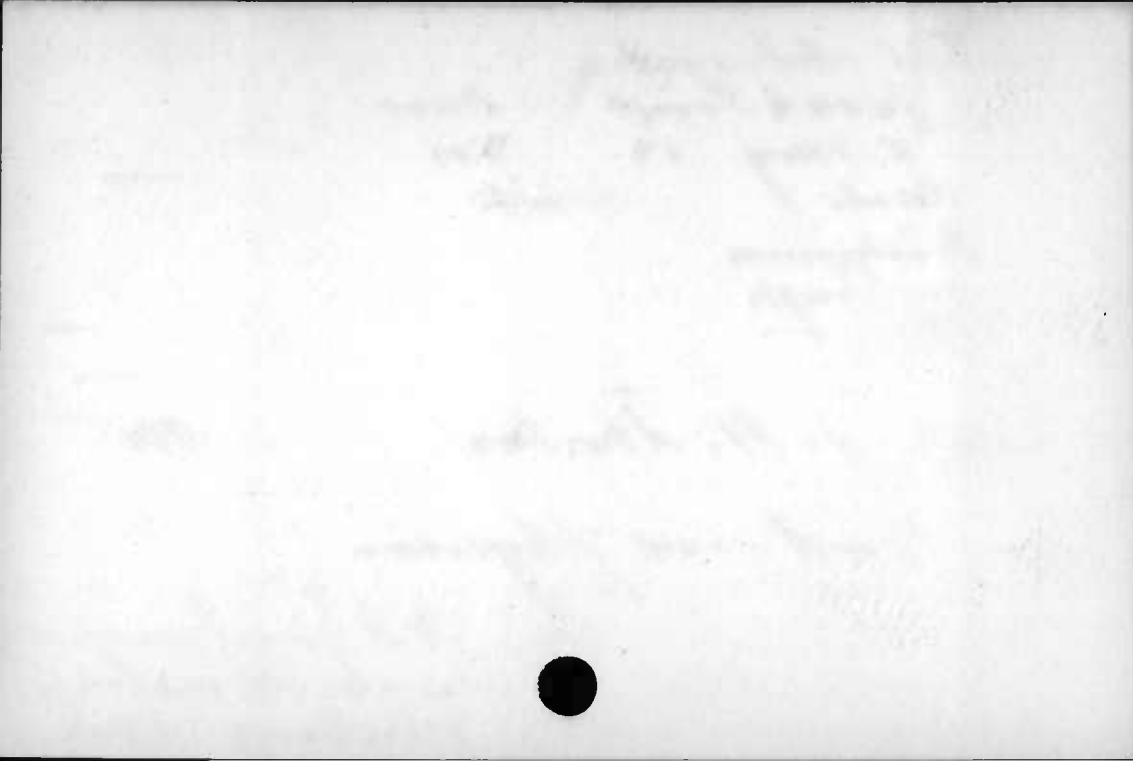
105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Hampton Cox Sub Reg</i>
	Address <i>La Platan No 2</i>
Accident or Suicide?	<i>No doctor in attendance</i>



Name in Full		unknown Gray		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Portobacco</i>		Town <i>Charles</i>		County <i>Charles</i>
	Date of death <i>1908</i>		Month <i>May</i>	Day <i>18</i>	Age <i>Years</i>
	Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Char. co. Md.</i>
	Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>			
	Father's Name <i>Jos A Gray</i>		Father's Birthplace <i>Char. co Md.</i>		
	Mother's Maiden Name <i>Margret Scott</i>		Mother's Birthplace <i>Char. co Md.</i>		
Name of person giving information <i>James A Gray</i>		How related to deceased <i>Father</i>			
<div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div>unknown</div> <div>How long</div> <div>unknown</div> </div> <div> <div>Immediate</div> <div>Premature Birth</div> <div>How long</div> <div>unknown</div> </div>					
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>No Physician in attendance</i>		
	<i>Charles E Carpenter</i>		Address <i>Pisgah Md.</i>		
	Accident or Suicide? <i>Sub. Reg.</i>		<i>2nd district Char. co.</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1908

May

Month

Day

17

Age

74

Years

Months

Days

County

Ches

State

MARYLAND

Sex

Male

Color or

Race

White

Birth-

place

Unknown

Occupation

Fisherman

Where Residing if not

at place of death

Unknown

Married, Single
or Widowed

Single

Name of Wife or

Husband

Unknown

Father's
Name

Unknown

Mother's

Maiden Name

Unknown

Father's

Birthplace

Unknown

Mother's

Birthplace

Unknown

How related

to deceased

No

Name of person giving
Information

J. W. Shorter

CAUSES OF DEATH

179

How long

Primary

Had no physician

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. F. Simpson
Sub Registrar
Newbury, Md

Accident or Suicide?

Simpson

Name
in
Full

CERTIFICATE OF DEATH

Mary Jackson

TO BE ANSWERED BY
NEAREST FRIEND

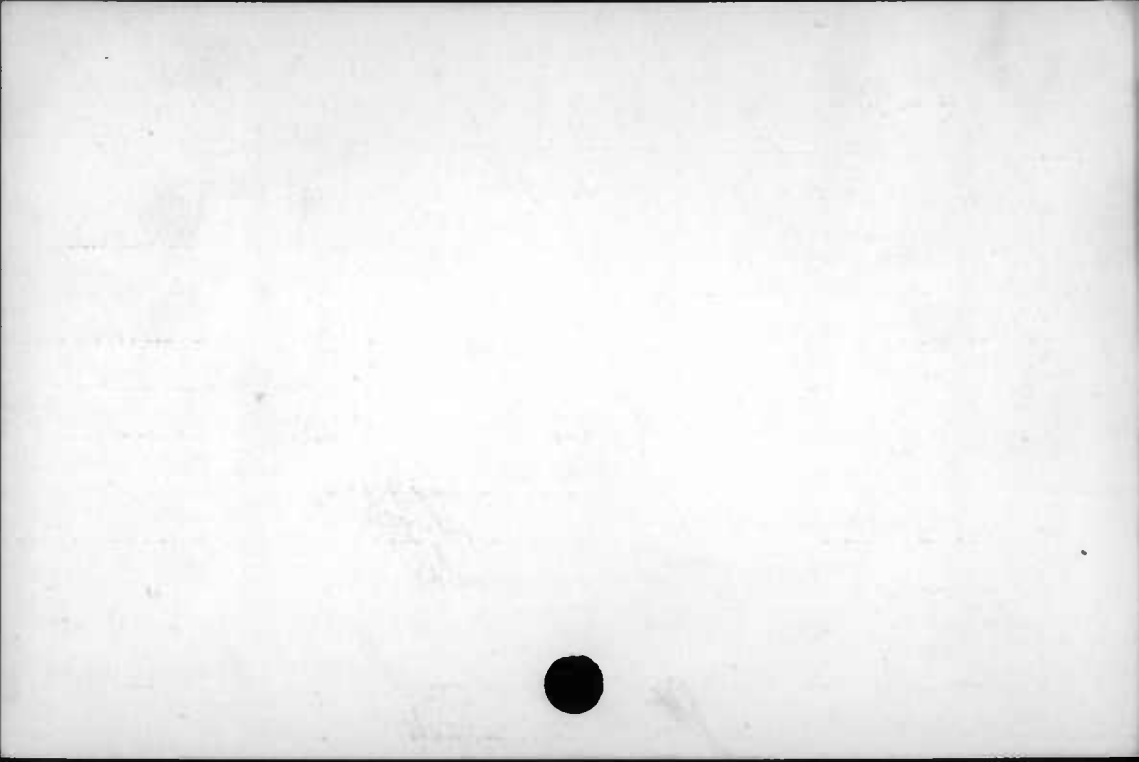
Died at <i>Mans House Hall</i>		County <i>Chlorus</i>		MARYLAND	
Date of death	1908	Month	<i>May</i>	Day	3
Age		Years		Months	7
Sex <i>Female</i>		Color or Race	<i>Colored</i>	Birth-place	<i>Mans House Hall Ga.</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>No</i>		Name of Wife or Husband			
Father's Name <i>Henry Jackson</i>		Father's Birthplace <i>Pennsylvania Ind.</i>			
Mother's Maiden Name <i>Mary Palmer</i>		Mother's Birthplace <i>Pennsylvania Ind.</i>			
Name of person giving information <i>Henry Jackson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Strep. coliitis</i>	How long	<i>5 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. W. Mitchell M.D.</i>	
		Address	
		<i>Pennsylvania Ind.</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Vergie Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *River Side* Town*Charles* County

MARYLAND

Date
of death *1908*Month
*May*Day
2

Age

Years

Months

Days
*8*Sex *Female*Color or
Race*Black*Birth-
place*Miss*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Loumar Lawson*Father's
Birthplace*Miss*Mother's
Maiden Name*Vergie Richardson*Mother's
Birthplace*Miss*Name of person giving
In formation*L. Lawson*How related
to deceased*Father*

CAUSES OF DEATH

109

Primary

Causticness

How long

8 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

James M. Wheeler
Sub-Registrar

Accident or Suicide?



Name
in
Full

Mrs Mary J. Luchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>La Plata</u> <small>Town</small>		<u>Charles</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>27</u>	Age <u>76</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Charles Co</u>		
Occupation <u>none</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband			
Father's Name <u>Luchett</u>		Father's Birthplace <u>Charles Co</u>			
Mother's Maiden Name <u>Clara A. Thompson</u>		Mother's Birthplace <u>Charles Co</u>			
Name of person giving information <u>Mrs J. E. Mudd</u>		How related to deceased <u>daughter</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>General debility of old age</u>	How long <u>Year or more</u>
Immediate <u>Heart exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. S. Swanwick</u>
	Address <u>La Plata</u>
Accident or Suicide? <u>no</u>	<u>Mud</u>



Name
in
Full-

CERTIFICATE OF DEATH

Beatrice Lyles

Town

County

MARYLAND

Died at

Boltan P.O.

Chas. Co.

Date

of death

1908

Month

May

Day

2

Age

Years

2

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Boltan P.O.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Allie Lyles

Father's
Birthplace

Chas Co Md.

Mother's
Maiden Name

Carrie Pickney

Mother's
Birthplace

Chas Co Md.

Name of person giving
In formation

William Lyles

How related
to deceased

Uncle

CAUSES OF DEATH

116

Primary

Peritonitis

How long

4 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

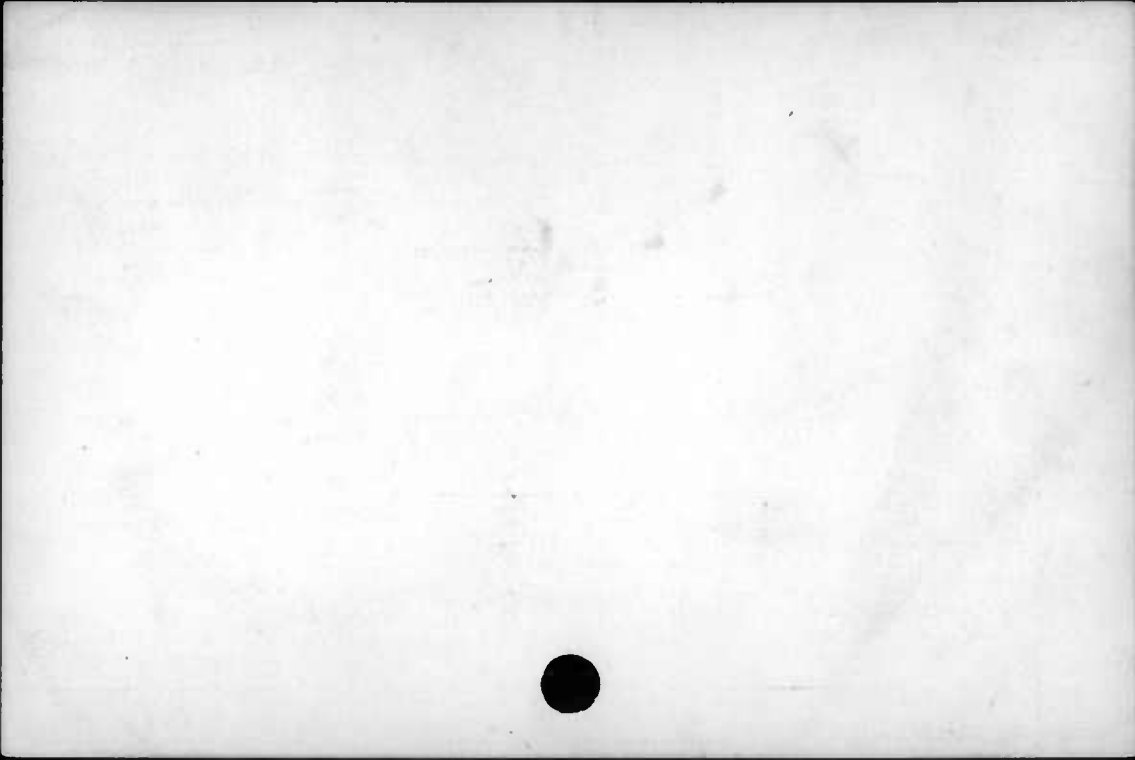
Signature of
Physician

Address

E. S. Hurst, M.D.
Piscataway
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ambrose Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentland</u> Town		<u>Chas</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>2</u>	Age <u>75</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Chas Co Md</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>Brentland Md</u>			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Letty Hawkins</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Lancy Warren</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>12 hrs</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>None</u>
	Address <u>W. F. Browner</u>
	<u>Sub Reg.</u>
Accident or Suicide? <u></u>	

W. F. Hawnes
Free Reg

Name
in
Full

A. M. Milstead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

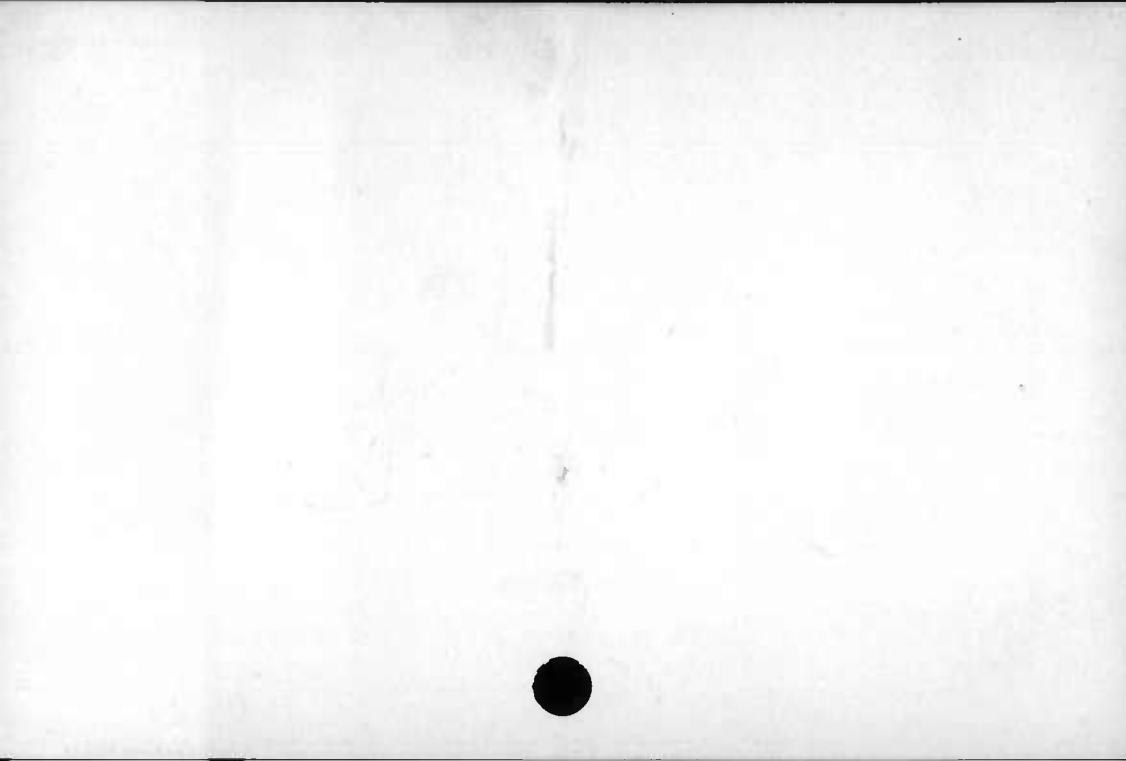
Died <i>in</i> ^{Town} <i>cross Roads</i> ^{County} <i>lecharx</i>		MARYLAND	
Date of death	1908	Month	May
		Day	22
Age	69	Years	
		Months	
		Days	
Sex	Female	Color or Race	white
Birth-place	md		
Occupation	Farming		
Where Residing if not at place of death			
Married, Single or Widowed	widow		
Name of wife or Husband	First husband. A. P. Willett. Second husband George Milstead		
Father's Name	R. Bayler		
Father's Birthplace	md		
Mother's Maiden Name	unknown		
Mother's Birthplace	unknown		
Name of person giving information	Amos Rison		
How related to deceased	none		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Gastritis, chronic	How long	last illness 3 weeks
Immediate	mdk gall stone obstruction	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Law. H. Speake
		Address	Graceton md
Accident or Suicide?			



Name
in
Full

Francis Minor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Bel Alton* TownCounty *Charles*

MARYLAND

Date
of death *1908*

Month

May

Day

1st

Years

Age

42

Months

Days

Sex *Female*Color or
Race*African*Birth-
place*Charles Co.*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, ~~Single~~
~~or Widowed~~Name of ~~Wife~~
Husband*Lure Minor*Father's
Name*Henry C. Short-*Father's
Birthplace*Charles Co*Mother's
Maiden Name*Catharine Dysen*Mother's
Birthplace*Charles Co*Name of person giving
Information*Thomas W. Short-*How related
to deceased*Brother*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Apoplexy

How long

12 hours

Immediate

Paral. Respirations

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Effner*

Address

*Bel Alton**Ind*

Accident or Suicide?



Name
in
Full

Charles H. Neale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lancaster Hall</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>5th</u> ^{Day} <u>10</u>		Age <u>55</u> ^{Years}		<u>9</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Chandler</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, <u>Single</u> or Widowed		Name of Wife or Husband <u>Jessie M. Neale</u>			
Father's Name <u>Henry A Neale</u>		Father's Birthplace <u>Port Tobacco</u>			
Mother's Maiden Name <u>Mary Hamesley</u>		Mother's Birthplace <u>Springfield</u>			
Name of person giving information <u>Tivian H. Neale</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>2 1/2 yrs.</u>
Immediate <u>"</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Hightm.</u>
	Address <u>Wayside</u>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

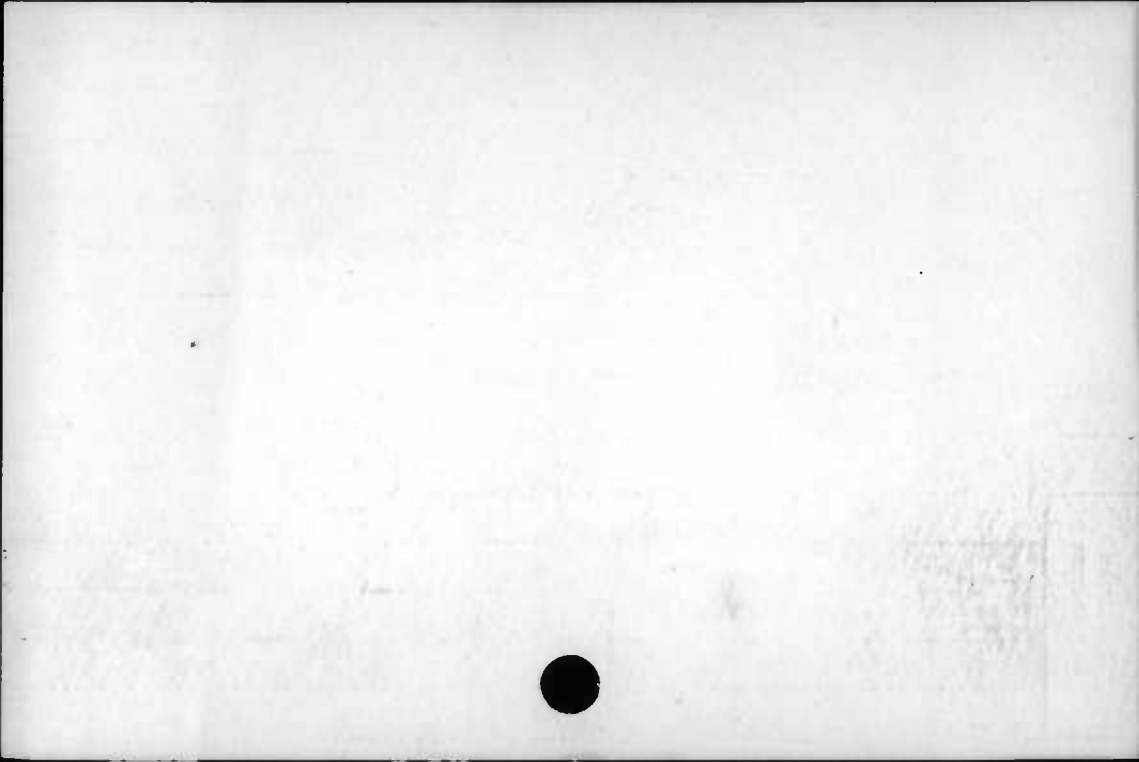
Died at <i>Glymont</i> Tcwn		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>9</i>	Years <i>65</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co., Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Herbert Plummer.</i>				
Father's Name <i>Henry Dent</i>	Father's Birthplace <i>Charles Co., Md.</i>				
Mother's Maiden Name <i>Caroline Gaynor</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Courtney Washington</i>	How related to deceased <i>Half-brother</i>				

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>Diffuse Peritonitis</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell.</i>
	Address <i>Piscataway, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Alice Posey

CERTIFICATE OF DEATH

Died at ^{Town} near Cross Roads^{County} Chas

MARYLAND

Date

of death 1908

Month

May

Day

7

Years

Age 19

Months

Days

Sex

Female

Color of
Racebright
negroBirth-
place

md,

Occupation

House servant

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Edward Posey

Father's
Birthplace

md

Mother's
Maiden Name

Mary Dunnington

Mother's
Birthplace

md

Name of person giving
Information

to be used

How related
to deceased

none

CAUSES OF DEATH

27

Primary

Tuberculosis.

How long

fewer more

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. J. Speake, M.D.

Address

Grayton

Cause of Suicide?

This case was sent from
Washington to 1 month
ago from Hospital
Same case first time on 5 may 1908TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lucilla Christabel Kison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>cross Roads</i>		Town <i>Roads</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>5</i>	Age	Years	Months <i>2</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Addie Kison</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mattie Macdon</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Amos Kison</i>			How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Deep cold</i>	How long <i>5 or 6 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Amos Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide?	



Name
in
Full

Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Tobacco</u> ^{Town}		<u>Chapt</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>7</u>	Age <u> </u> Years	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Port Tobacco</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>"</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Henry Ross</u>			Father's Birthplace <u>Chapt Co Md</u>		
Mother's Maiden Name <u>Louise R. Smith</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Henry Ross</u>			How related to deceased <u>Parent</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>none</u>
	Address <u>W. F. Browner</u>
	<u>Sub. Reg.</u>
Accident or Suicide?	

W. F. Brewster

Suk Ray

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

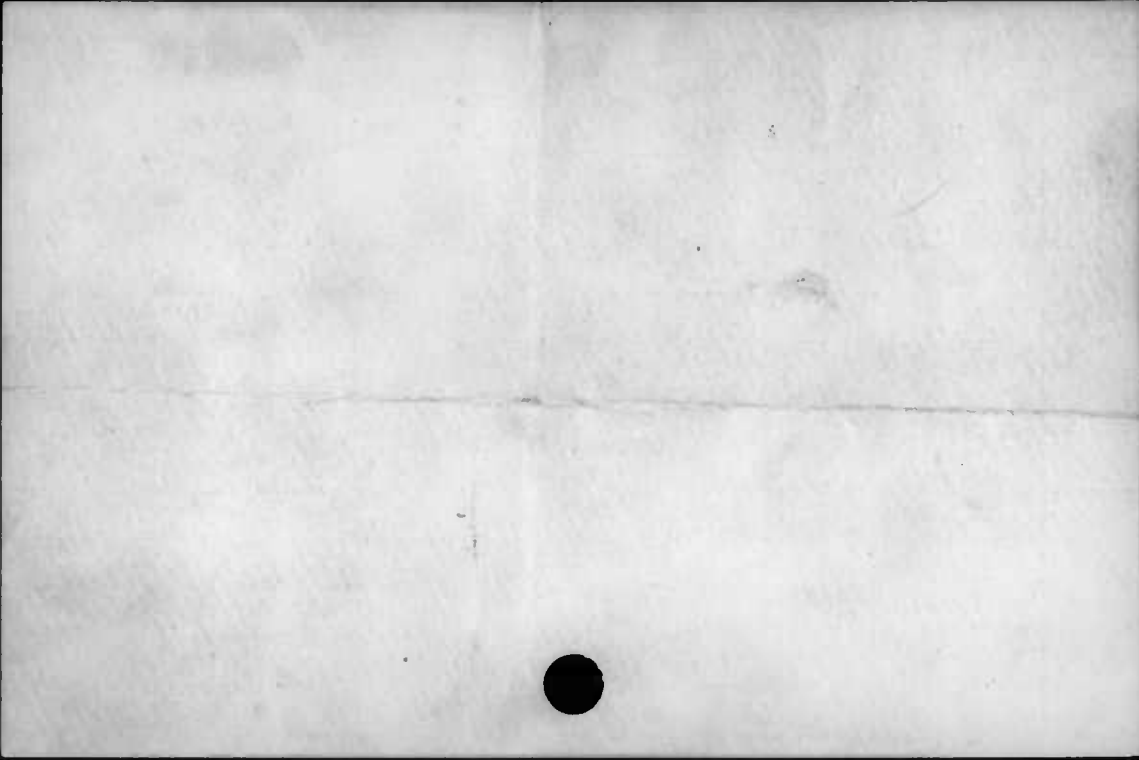
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		May	27	Age	16		
Sex	Female	Color or Race	Colored	Birth-place	Issu		
Occupation	house work			Where Residing if not at place of death	Tompkinsville		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Robert Smallwood				Father's Birthplace	Tolomac, Va.	
Mother's Maiden Name	Mamie Combs				Mother's Birthplace	St Marys, Va.	
Name of person giving information	Robert Smallwood				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	5 mos.
Immediate		How long	5 mos.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Higdon,
		Address	Nayside
Accident or Suicide?			



Name
in
Full

John B. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McConcher*

County *Chas*

Date
of death *1908*

Month

5

Day

14

Years

19

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Virginia

Married, Single
or Widowed

Single

Occupation

Laborer

Name of Wife or
Husband

None

Father's
Name

James M. Thompson

Father's
Birthplace

Virginia

Mother's
Maiden Name

Florence Dixon

Mother's
Birthplace

" "

Name of person giving
In formation

James M. Thompson

How related
to deceased

Father

CAUSES OF DEATH

Primary

La Grippe

How long

6 mds

Immediate

Lung Trouble

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

None

Address

W. H. Brown

Sub. Reg.

Accident or Suicide?

W. F. I. Watson
Scribble

Name
in
Full

Elizabeth A Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

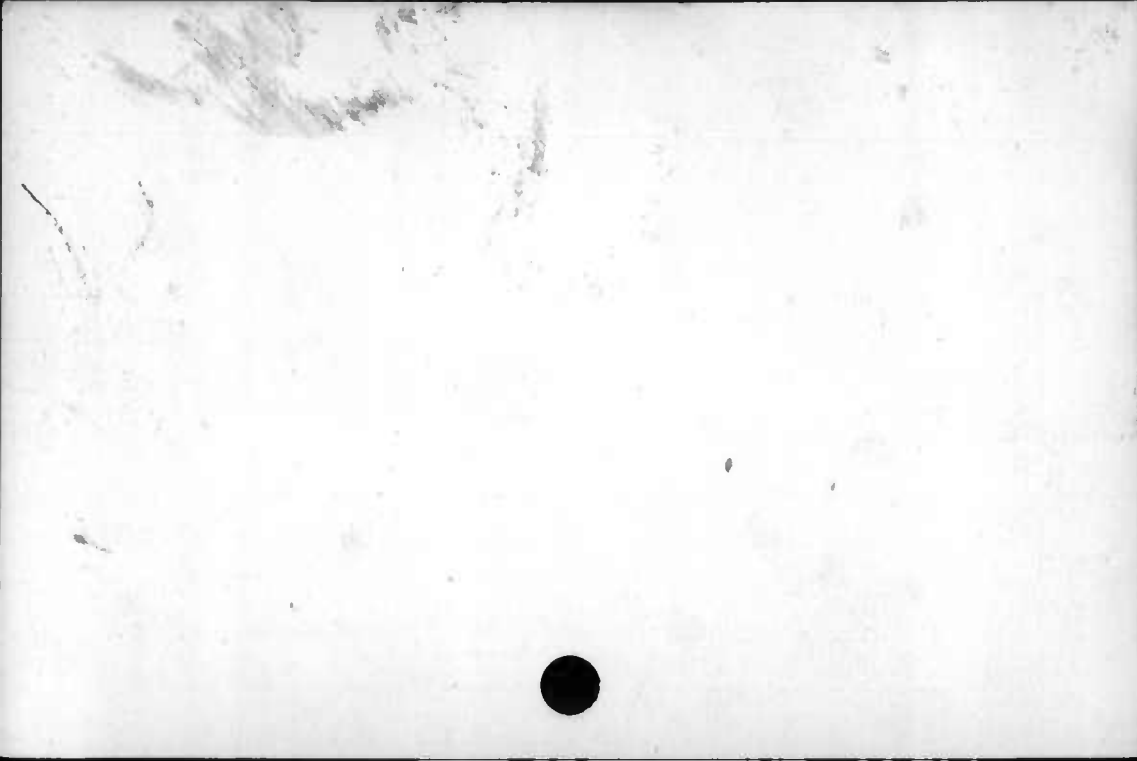
Died at <i>L P Plato</i> Town		<i>Channe</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>24</i>	Age <i>82</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>M</i>	Name of Wife or Husband <i>Thomas W Tucker</i>				
Father's Name <i>Elijah Boney</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Hellie Boswell</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Wm. F. Tucker</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility - dropsy</i>	How long <i>40 or 50 years</i>
Immediate	<i>Edema of Lungs</i>	How long <i>four months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Paul L. Harmon</i>
		Address <i>L P Plato</i>
Accident or Suicide?		<i>md</i>



Name
in
Full

Dewey Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ironside's* Town*Charles* CountyDate of death *1908* Month *May*Day *11*Age *7* Years

Months

Days

Sex *Male*Color or
Race *colloid*Birth-
place *Chas. co. Md.*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
Husband *none*Father's
Name *Eddie Warren*Father's
Birthplace *Chas. co. Md.*Mother's
Maiden Name *Sarah. H. Benson*Mother's
Birthplace *Chas. co. Md.*Name of person giving
Information *Eddie Warren*How related
to deceased *Father*

CAUSES OF DEATH

179

Primary

unknown

How long

Unknown

Immediate

unknown

How long

*Unknown*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician*No Physician in attendance*

Address

*Charles. D. Carpenter.**Sub reg: Piggah Md.*

Accident or Suicide?

